FOR COUNTY USE ONLY

County of San Bernardino

FAS

CONTRACT TRANSMITTAL

| | | | | | , 0,, 0 | ,00,11,1 | 002 0 | | | | | |
|-----------------------|-------------------------------------------------------------|--------------------|-------------|-----------|------------|----------------|---------------|-----------|--------------------------|----------------|-------------|--------|
| Υ | New Chang Cance | | Ver | ndor Code | е | SC | Dept. | Α | | Contrac | t Number | |
| Со | | partment | | | | Dept. Orgn. | | n. | Contractor's License No. | | | |
| Pu | blic H | ealth | | | | PHL | 190 | າດ | | | | |
| | | | Contract Re | presenta | tive | | ephone | ,,, | | Total | Amount | |
| | | oet, Ph. | | | | 383-3 | • | | | \$60 | 0,000 | |
| Хх | Reveni | ue 🗌 E | ncumbere | d 🗌 L | Jnencumber | Contract ed | Type Other | : | | | | |
| lf ı | If not encumbered or revenue contract type, provide reason: | | | | | | | | | | | |
| | Com | nmodity Co | ode | Contract | Start Date | Contrac | t End D | ate | Origi | nal Amount | Amendment A | Amount |
| | | | | July ' | 1, 2004 | June 3 | 30, 20 | 07 | \$(| 60,000 | | |
| F | und | Dept. | Organiz | zation | Appr. | Obj/Re | v Source | се | GRC/P | ROJ/JOB No. | Amoun | t |
| Α | AA | PHL | 1900 | | 200 | 871 | 0 , | | (| 93330 | | |
| F | und | Dept. | Organiz | zation | Appr. | Obj/Re | ev Source | се | GRC/P | ROJ/JOB No. | Amoun | t |
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| F | und | Dept. | Organiz | zation | Appr. | Obj/Re | v Source | се | GRC/P | ROJ/JOB No. | Amoun | t |
| | | | | ı | | | 1 | | | | | |
| | ı | Project | Name | | | Е | stimate | d Pa | yment 7 | otal by Fiscal | Year | |
| | | | | | FY | Α | mount | | I/D | FY | Amount | I/D |
| Н | IIV-1 Dru | ıg Resistar | ice | | 04-05 | _ | \$20,0 | 00 | | | | |
| HIV-1 Drug Resistance | | | | 05-06 | _ | \$20,0 | 00 | | | | | |
| H | IIV-1 Dru | <u>ın Resistar</u> | ice | | 06-07 | | \$20.0 | <u>00</u> | | | | |
| | | | | | 1 | | | | | | | |

| CONTRACTOR California State Dep | partment of Health Services, Office of | of AIDS | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------|---------|--|--|--|
| Federal ID No. or Social Security No. | | | | | | |
| Contractor's Representative Toni Post | , Contract Monitor, Office of AIDS/E | arly Intervention | Section | | | |
| Address MS 7700 , P. O. Box 997426 Sacramento , California 95899-7426 Phone (916) 449-5970 | | | | | | |
| Nature of Contract: (Briefly describe the general terms of the contract) | | | | | | |
| This is a Standard Agreement with the State Department of Health Services in the amount of \$60,000 to provide HIV-1 drug resistance testing to eligible clients for the period July 1, 2004 through June 30, 2007. | | | | | | |
| State Contract #04-35829 (Attach this transmittal to all contracts | not prepared on the "Standard Con | tract" form) | | | | |
| Approved as to Legal Form (sign in blue ink) | | | | | | |
| > | | • | | | | |
| County Counsel | | Department He | ad | | | |

| Auditor/Controller-Recorder Use Only | | | | | |
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| ☐ Contract Datab | oase 🗆 FAS | | | | |
| Input Date | Keyed By | | | | |

| Date | Date | Date |
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Auditor/Controller-Recorder Use Only

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| Input Date | Keyed By |
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